

CALIFORNIA DEPARTMENT OF EDUCATION  
School Facilities Planning Division  
*Office of School Transportation*  
3500 Reed Avenue  
West Sacramento, CA 95605  
916 375-7100

**Transporting Children with Special Needs  
Program Application**

*Please Print*

Name \_\_\_\_\_ Instructor ID# \_\_\_\_\_  
(First) (MI) (Last)

Home Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Driver License # \_\_\_\_\_ DL Restriction \_\_\_\_\_

Special Cert. Rest. \_\_\_\_\_ Instructor Cert. Rest. \_\_\_\_\_

Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Class Attendance is for active certified instructors only. Participants will be chosen by a lottery of applications accepted by the Department and you will be notified by phone and in writing no less than one month prior to any given class.

Please check one of the following:

**Option #1** (four-day program)

Option #1 \_\_\_\_\_

**Option #2** (five-day program, includes car seat training)

Option #2 \_\_\_\_\_